



## NOTICE OF INTENT (NOI)

for Storm Water Discharges Associated with Industrial Activity under the

## TENNESSEE MULTI-SECTOR GENERAL PERMIT (TMSP)

Type of Application: ☐ New ☐ Reissuance ☐ Modification

(If this NOI is Reissuance or Modification provide the existing permit tracking number: TNR058064)

TN DEPT OF ENVIRONMENT  
AND CONSERVATION  
MAY 19 2015  
DIV OF WATER RESOURCES  
RECEIVED

Facility Name: <b>A &amp; B Body Shop</b>	County: Cumberland
Street Address or Location: <b>110 Sparta Drive Crossville, TN</b>	Latitude (DD.DDDD): <b>35.9557</b> Longitude (-DD.DDDD): <b>-85.0414</b>
Attach a copy of a topo map, a city map, or a county map, identifying the location of this facility each outfall.	<input checked="" type="checkbox"/> Map Attached
Has a Storm Water Pollution Prevention Plan (SWPPP) been developed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)

<b>1</b>	Official Contact Person Name: (Individual Responsible for a Facility) <b>Mr. Buddy Bilbrey</b>	Title or Position: <b>Co-Owner</b>		
	Mailing Address: <b>110 Sparta Drive</b>	City: <b>Crossville</b>	State: <b>TN</b>	Zip: <b>38555</b>
	Phone: <b>(931) 484-4311</b>	E-mail:		

<b>2</b>	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position: <b>PARTNER</b>		
	Facility Address: (this may or may not be the same as street address)	Facility City:	State: <b>IL</b>	Zip:
	Phone: <b>(931) 484-4311</b>	E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence and invoices:

Storm water runoff enters following stream(s) and/or lake(s): (for each outfall, give stream names and latitude and longitude) <b>Obed River</b>	Number of storm water outfalls:
Nature of business: <b>A &amp; B Body Shop</b>	SIC code(s): (primary code listed as No.1, secondary, if applicable, as No.2, etc.) 1. <b>5015</b> 2. 3. 4. 5. 6.
Area of property associated with industrial activity <b>8.4 Acres</b> (area of facility property should <u>not</u> include recreation areas, landscaping, lawns, greenfields, forest, office buildings, employee parking lots, etc.)	Permit Sectors (STATE USE ONLY) <b>M</b>
Activities at facility: Check all that apply. 01. <input type="checkbox"/> Manufacturing 05. <input type="checkbox"/> Vehicle Maintenance 09. <input type="checkbox"/> Wastewater treatment 13. <input type="checkbox"/> Coal Pile 02. <input type="checkbox"/> Storage/Distribution 06. <input type="checkbox"/> Hazardous waste TSD 10. <input type="checkbox"/> Land application 14. <input type="checkbox"/> Borrow Pit or Soil Harvesting 03. <input checked="" type="checkbox"/> Vehicle Storage 07. <input type="checkbox"/> Outside waste disposal 11. <input type="checkbox"/> Landfill 99. <input type="checkbox"/> Other: _____ 04. <input type="checkbox"/> Trucking Terminal 08. <input type="checkbox"/> Recycling 12. <input type="checkbox"/> Mining operation	

**CERTIFICATION AND SIGNATURE** (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

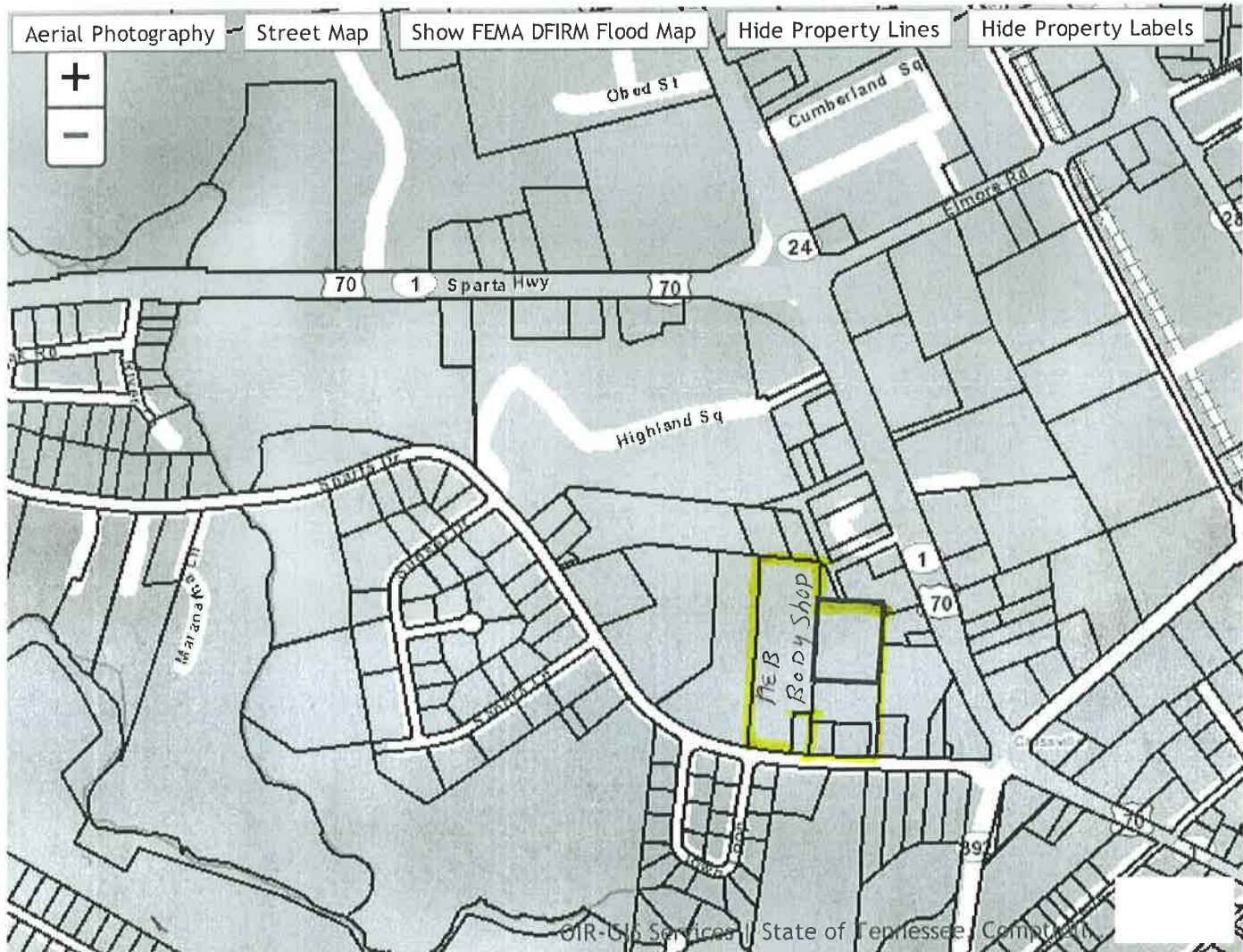
<b>Buddy Bilbrey</b> Printed Name	<b>PARTNER</b> Official Title	<b>Buddy Bilbrey</b> Signature	<b>5-15-15</b> Date
--------------------------------------	----------------------------------	-----------------------------------	------------------------

STATE USE ONLY	Received Date	Fee(s)	Reviewer	EFO	Tracking No.
		T & E Aquatic Fauna	Exceptional TN Water?	Unavailable Conditions	NOC Date

## INDUSTRIAL ACTIVITY – STORM WATER DISCHARGES



# Tennessee Property Viewer



TN DEPT OF ENVIRONMENT  
AND CONSERVATION  
MAY 19 2015  
DIV OF WATER RESOURCES  
RECEIVED